

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024285

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar No. 3268

STATE FILE NUMBER

FILED JUL 5 1963

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b

1 yr.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

General Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

c. CITY  
OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

2850 Park

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Karen

Middle

Estell

Last

Ellis

4. DATE  
OF DEATH

Month

6

Day

6

Year

63

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-21-62

## 9. AGE (last birthday)

1 yr.

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Kansas City, Mo.

## 13a. FATHER'S NAME

Editimus Ellis

## 13b. MOTHER'S MAIDEN NAME

Clara Adkins

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Editimus Ellis 2850 Park

Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Probably Darvon Poisoning  
~~Pending Chemical Laboratory Reports~~

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

History of ingesting 6 tablets of

## 20c. TIME OF INJURY

Hour

Month, Day, Year

4:30 p.m.

6/6/63

Darvon 65 tablets

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

2850 Park Ave.

## 20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson, Mo

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge; from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

J. L. M. Tillman, M.D. Deputy Coroner

1618 Lydia Ave.

6/8/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6-10-63

## 23c. NAME OF CEMETERY OR CREMATORY

Blue Ridge Lawn

## 23d. LOCATION (City, town, or county)

K. C. Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Jones &amp; Stevens 2315 Linwood

## 25. DATE RECD. BY LOCAL REG.

6-10-63

## 26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

18a Probably Darvon Poisoning

Pending chemical laboratory report 5/27/63

BY AFFIDAVIT OF Dr. L. M. Tillman, Dep. Coroner

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4429

P. O. Address 2315

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.